



QUESTIONNAIRE FOR MOTHER OR FATHER
 or person most like mother or father (i.e., someone who is/was very close to “NDIT participant”)

Please note that by returning your completed questionnaire to us, **YOU CONSENT** to participate in the parent questionnaire component of the NDIT Study. If you do not wish to complete the questionnaire, please return the blank copy of the questionnaire to us in the pre-paid envelope, so that we know you have decided not to complete it. Thank you very much for your participation.

1. Your name: _____
First Last

2. Today's date: ____/____/2009
Day Month

3. Your date of birth: ____/____/____
Day Month Year

THE NEXT QUESTIONS ARE ABOUT THE “NDIT participant”. In this questionnaire, “NDIT participant” refers to:

NDIT participant's name

4. What is your relationship with “NDIT participant”?

- Biological mother
- Biological father
- Step-mother
- Step-father
- Other (specify) _____

5. After how many weeks of pregnancy (gestation) was “NDIT participant” born?

- At term (40 weeks) **OR** At ____ weeks
- Don't know

6. In general, would you say that “NDIT participant's” health at birth was...? *Please circle your answer.*

1 2 3 4 5 6 7 8 9 10
 Very poor Excellent

7. How much did “NDIT participant” weigh at birth?

____ pounds ____ ounces **OR** ____ kilograms ____ grams
 Don't know

8. Within the family was “NDIT participant”...?

- First-born
- Second-born
- Third-born
- More than third-born

9. Was “NDIT participant” breast-fed after birth, even for a short time?

- No → Go to question 11
- Yes
- Don't know → Go to question 11

10. For how long was “NDIT participant” breast-fed?

- Less than 1 week
- 1-4 weeks
- 2-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 12 months
- Don't know

11. Was “NDIT participant” ever bottle-fed?

- No → Go to question 14
- Yes
- Don't know → Go to question 14

12. How old was “NDIT participant” when he/she was first bottle-fed?

____ weeks old **OR** ____ months old
 Don't know

13. How old was “NDIT participant” when he/she was last bottle-fed?

_____ weeks old **OR** _____ months old

Don't know

14. Was “NDIT participant” ever bottle-fed with...?

	No	Yes		No	Yes
Milk	<input type="checkbox"/>	<input type="checkbox"/>	Coffee with sugar	<input type="checkbox"/>	<input type="checkbox"/>
Formula	<input type="checkbox"/>	<input type="checkbox"/>	Coffee without sugar	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
Water with sugar	<input type="checkbox"/>	<input type="checkbox"/>	Fruit drinks	<input type="checkbox"/>	<input type="checkbox"/>
Tea with sugar	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate milk	<input type="checkbox"/>	<input type="checkbox"/>
Tea without sugar	<input type="checkbox"/>	<input type="checkbox"/>	Koolaid	<input type="checkbox"/>	<input type="checkbox"/>

15. How old was “NDIT participant” when he/she stopped sucking his/her thumb?

Never sucked his/her thumb

_____ months old **OR** _____ years old

Don't know

16. How old was “NDIT participant” when he/she first went to the dentist?

Never went to the dentist → **Go to question 19**

_____ months old **OR** _____ years old

Don't know

17. What was the main reason that he/she went to the dentist the first time? Please check only one answer.

- Check-up, examination, cleaning
- Having trouble with teeth
- Recommended by school dental hygienist or other health professional
- Just to get used to going to the dentist
- For orthodontic treatments
- Other reason (specify) _____
- Don't know

18. How often did “NDIT participant” go to the dentist...?

	Less often than every 2 years	Every two years	Once a year	More often than once a year	Don't know
Before elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How often did “NDIT participant” receive fluoride treatments (liquids, gels) from ...?

	Never	Less often than every 2 years	Every two years	Once a year	More often than once a year	Don't know
The dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How old was “NDIT participant” when he/she began brushing his/her teeth?

_____ years old

Don't know

21. During childhood, how often did “NDIT participant” usually brush his/her teeth?

- Three or more times a day
- Twice a day
- Once a day
- Less often
- Don't know

22. Did “NDIT participant’s” biological mother smoke cigarettes...?

	Never	Occasionally	Daily	Don't know
During the <u>first trimester</u> (months 1-3) of the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the <u>second trimester</u> (months 4-6) of the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the <u>third trimester</u> (months 7-9) of the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before “NDIT participant” began elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When “NDIT participant” was in elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Did “NDIT participant’s” biological mother drink alcohol (wine, beer, hard liquor) during the pregnancy?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- 2-3 times a week
- 4-6 times a week
- Everyday
- Don’t know

24. Did “NDIT participant’s” biological father or step-father smoke cigarettes...?

	Never	Occasionally	Daily	Not applicable
During the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before “NDIT participant” began elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When “NDIT participant” was in elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Do any of the following describe “NDIT participant” either in elementary or high school?

	Not at all like him/her	A bit like him/her	A lot like him/her
Frequently interrupted others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ran away from home overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently lied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately hurt others physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often stole things or shoplifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently skipped school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fidgeted or squirmed in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately destroyed others’ property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often did not listen when spoken to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often started fights with neighbors, school mates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often bullied, threatened, or intimidated others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was physically cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently avoided homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broke into a house or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often did not want to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. During childhood, how often did “NDIT participant”...?

	Never	Rarely	Sometimes	Often	Don’t know
Snore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snore very loudly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathe forcefully or noisily while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have problems or difficulty breathing while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop breathing or wake up gasping for air while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grind his/her teeth while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have dental treatment of any kind (fillings, tooth extractions, sealants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have colds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Did “NDIT participant” ever attend daycare.....?

- No → Go to question 30
- Yes

28. At what age did “NDIT Participant” first go to daycare?

_____ years old

29. At what age did “NDIT Participant” stop going to daycare?

_____ years old

30. In meeting new children or making new friends in childhood, would you say that “NDIT participant” was...

- Not at all shy
- Rarely shy
- Sometimes shy
- Often shy

31. Did “NDIT participant” ever experience any of the following? If yes, did it cause him/her a great amount of worry or unhappiness? How old was he/she when this (first) happened?

	This happened		Age (first) happened	Caused worry or unhappiness	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	___ years	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Biological mother died	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Biological father died	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Death in family (other than mother or father)	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Parents separated or divorced	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Family moved	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
He/she was hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
He/she stayed in a foster home	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Other separation from parents	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Illness or injury of a family member	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Abuse or fear of abuse	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism or mental health disorder in family	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Conflict between parents	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Parent loss of employment	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Change in family financial situation	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Birth of another child	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Other change in household members	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Changed schools	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>

32. Did “NDIT participant” ever receive services because of learning or behavioral problems at school?

- No
- Yes
- Don't know

33. Was “NDIT participant” ever held back in school (including kindergarten)?

- No
- Yes
- Don't know

34. Was “NDIT participant” ever diagnosed by a health professional with any of the following? If yes, how old was he/she when first diagnosed? Was he/she prescribed medication for this?

	No	Yes	Age first diagnosed	Prescribed medication	
	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Separation anxiety	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Other anxiety disorder (phobia, obsessive-compulsive disorder, panic attacks, generalized anxiety disorder)	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Attention deficit-hyperactivity disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral problems (oppositional defiant disorder, conduct disorder)	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder (anorexia, bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability (dyslexia)	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia or psychosis	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Drug problem	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problem	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	___ years	<input type="checkbox"/>	<input type="checkbox"/>

35. Was “NDIT participant’s” biological mother employed..?

	No	Full-time	Part-time	Don't know
During the <u>first trimester</u> (months 1-3) of the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the <u>second trimester</u> (months 4-6) of the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the <u>third trimester</u> (months 7-9) of the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before “NDIT participant” began elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When “NDIT participant” was in elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

That's all! Thank you very much.